



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0307	2	Deer Park Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.

(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	2105 Middle Road	
Printed Name of Authorized Official	City	Zip Code
	Columbia Falls	59912
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2006	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0308	3	Fair-Mont-Egan Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	797 Fairmont Road	
Printed Name of Authorized Official	City	Zip Code
	Kalispell	59901
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0309	4	Swan River Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1205 Swan Highway	
Printed Name of Authorized Official	City	Zip Code
	Bigfork	59911
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Linda McCulloch,
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PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0310	5	Kalispell Elem	15	EL

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	233 First Ave East	
Printed Name of Authorized Official	City	Zip Code
	Kalispell	59901
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0311	5	Flathead H S	15	HS

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	233 First Ave East	
Printed Name of Authorized Official	City	Zip Code
	Kalispell	59901
Title	Date	

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Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0312	6	Columbia Falls Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1259	
Printed Name of Authorized Official	City	Zip Code
	Columbia Falls	59912
Title	Date	

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Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0313	6	Columbia Falls H S	15	HS

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1259	
Printed Name of Authorized Official	City	Zip Code
	Columbia Falls	59912
Title	Date	

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School Accounting and Budgeting
Office of Public Instruction
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Helena, MT 59620-2501

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Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0316	9	Creston Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		4495 Montana 35	
Printed Name of Authorized Official		City	Zip Code
		Kalispell	59901
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0317	10	Cayuse Prairie Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	897 Lake Blaine Road	
Printed Name of Authorized Official	City	Zip Code
	Kalispell	59901
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2006	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0320	15	Helena Flats Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	1000 Helena Flats Road	
Printed Name of Authorized Official	City	Zip Code
	Kalispell	59901
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2006	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0323	20	Kila Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 40	
Printed Name of Authorized Official	City	Zip Code
	Kila	59920
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2006	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0324	89	Smith Valley Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	600 Batavia Lane	
Printed Name of Authorized Official	City	Zip Code
	Kalispell	59901
Title	Date	

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Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0325	27	Pleasant Valley Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	7975 Pleasant Valley Road	
Printed Name of Authorized Official	City	Zip Code
	Marion	59925
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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	Signature



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Linda McCulloch,
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PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0327	29	Somers Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 159	
Printed Name of Authorized Official	City	Zip Code
	Somers	59932
Title	Date	

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School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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	Signature



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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0330	38	Bigfork Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 188	
Printed Name of Authorized Official	City	Zip Code
	Bigfork	59911
Title	Date	

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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0331	38	Bigfork H S	15	HS

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.

(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 188	
Printed Name of Authorized Official	City	Zip Code
	Bigfork	59911
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2006	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0334	44	Whitefish Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box 600 East Second Street	
Printed Name of Authorized Official	City Whitefish	Zip Code 59937
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2006	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0335	44	Whitefish H S	15	HS

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box 600 East Second Street	
Printed Name of Authorized Official	City Whitefish	Zip Code 59937
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2006	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0339	50	Evergreen Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		18 West Evergreen Drive	
Printed Name of Authorized Official		City	Zip Code
		Kalispell	59901
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2006	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0341	54	Marion Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	205 Gopher Lane	
Printed Name of Authorized Official	City	Zip Code
	Marion	59925
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2006	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
0342	58	Olney-Bissell Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	5955 Farm To Market Road	
Printed Name of Authorized Official	City	Zip Code
	Whitefish	59937
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2006	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
1184	1	West Valley Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	2290 Farm To Market Road	
Printed Name of Authorized Official	City	Zip Code
	Kalispell	59901
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2006	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Due May 31, 2005

Legal Entity #	School Dist. #	School Name	County	Level
1223	8	West Glacier Elem	15	EL

Proposed Restricted Indirect Cost Rate _____% (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 309	
Printed Name of Authorized Official	City	Zip Code
	West Glacier	59936
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2006	Date Approved
	Signature